

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Visconti et al.
Title: DISPOSABLE SURGICAL
SUCTION/IRRIGATION
TRUMPET VALVE TUBE
CASSETTE

Prior Appl. No.: 09/574,164

Prior Appl. Filing Date: 18 May 2000

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, PO Box 1450, Alexandria, Virginia 22313-1450.

EL 962417516US 1/16/04
(Express Mail Label Number) (Date of Deposit)

JANE HEPLD
(Printed Name)
Jane HeplD
(Signature)

CONTINUING PATENT APPLICATION
TRANSMITTAL LETTER

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is a:

☐ Continuation ☒ Division ☐ Continuation-In-Part (CIP)

of the above-identified copending prior application in which no patenting, abandonment, or termination of proceedings has occurred. Priority to the above-identified prior application is hereby claimed under 35 U.S.C. § 120 for this continuing application. The entire disclosure of the above-identified prior application is considered as being part of the disclosure of the accompanying continuing application and is hereby incorporated by reference therein.

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

☒ Specification, Claim(s), and Abstract (29 pages).

☒ Informal drawings (8 sheets, Figures 1-13).

- ☒ Declaration and Power of Attorney (13 pages).
- ☐ Assignment of the invention to Allegiance Healthcare Corporation.
- ☐ Assignment Recordation Cover Sheet.
- ☐ Small Entity statement.
- ☐ Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- ☐ Information Disclosure Statement.
- ☐ Form PTO-1449 with copies of 5 listed reference(s).
- ☒ Preliminary Amendment.
- ☒ Application Data Sheet (37 CFR 1.76).

The filing fee is calculated below:

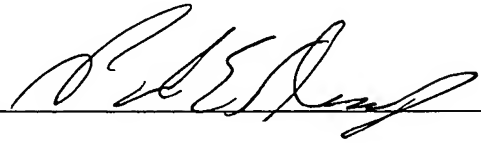
	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$770.00	\$770.00
Total	20	- 20	= 0	x \$18.00	= \$0.00
Claims:					
Independen	3	- 3	= 0	x \$86.00	= \$0.00
ts:					
If any Multiple Dependent Claim(s) present:				+ \$290.00	= \$0.00
				SUBTOTAL:	= \$770.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):					= \$0.00
				TOTAL FILING FEE:	= \$770.00

- ☒ A check in the amount of \$770.00 to cover the filing fee is enclosed.
- ☐ The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1450. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1450.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date JAN 16, 2004

By 

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